

SERFF Tracking Number:	NGLI-127189592	State:	Arkansas
Filing Company:	National Guardian Life Insurance Company	State Tracking Number:	49136
Company Tracking Number:	3100PN		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	3100PN		
Project Name/Number:	/		

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: 3100PN

SERFF Tr Num: NGLI-127189592 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 49136

Sub-TOI: L08.000 Life - Other

Co Tr Num: 3100PN

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 06/29/2011

Date Submitted: 06/24/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 06/29/2011

State Status Changed: 06/29/2011

Deemer Date:

Created By: Kim Bolinder

Submitted By: Kim Bolinder

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Department of Insurance

Via SERFF

Re: National Guardian Life Insurance Company

NAIC # 66583 FEIN# 39-0493780

Preneed Life Insurance Policy Form Filing:

Application 3100PN 06/11

SERFF Tracking Number: NGLI-127189592 State: Arkansas
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The enclosed group enrollment form is submitted in final print version for your approval. This form is intended for use by licensed agents to sell preneed whole life products approved for use in your state.

We are requesting this form be approved on a general use basis, so we may use the form with any policy form approved in your state. However we anticipate that our initial use of this application will be with the following forms:

NPNCERTSP2002
NPNCERTMP2002
NPNCERTMP2002-GDB
NPNCRTFPA2008

Please note we have bracketed the Plan, Payment Plan and Payment Mode sections of the form to allow us to add a plan or delete a plan not being offered.

The application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and regulations.

Company and Contact

Filing Contact Information

Kim Bolinder, Policy Forms Specialist kabolinder@nglic.com
2 East Gilman Street 608-443-5335 [Phone]
Madison, WI 53701 608-443-5365 [FAX]

Filing Company Information

National Guardian Life Insurance Company CoCode: 66583 State of Domicile: Wisconsin
P.O. Box 1191 Group Code: Company Type: LAH
Madison, WI 53701-1191 Group Name: State ID Number:
(800) 626-7931 ext. 5325[Phone] FEIN Number: 39-0493780

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:

<i>SERFF Tracking Number:</i>	<i>NGLI-127189592</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
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Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$50.00	06/24/2011	49084902

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/29/2011	06/29/2011

<i>SERFF Tracking Number:</i>	<i>NGLI-127189592</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 06/29/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY		Yes

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Form Schedule

Lead Form Number: 3100PN

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	3100PN 06/11	Application/ Enrollment Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY	Initial		51.800	3100PN 06-11 w-brackets.pdf

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITYNational Guardian Life Insurance Company (NGL) - Phone 800.988.0826 - Fax 866.228.9927
Two East Gilman Street - PO Box 1191 - Madison WI 53701-1191

3100PN 06/11 Series X

Mail Policy To:

- ☐
- Agent
-
- ☐
- Funeral Home
-
- ☐
- Owner (Default)

PROPOSED INSURED/ANNUITANT☐ MALE ☐ FEMALE

First Name MI Last Name Phone Number Social Security Number Age Date of Birth

OWNER - Complete only if other than Insured/Annuitant

First Name MI Last Name Social Security Number Relationship to Insured

OWNER MAILING ADDRESS

Street Address City State Zip Email Address

Funeral Price \$ Face Amount \$ PLAN ☐ I ☐ II ☐ III (Do not complete for Annuity)PAYMENT PLAN Flexible Annuity \$ ☐ Single Pay ☐ 3 Year ☐ 5 Year ☐ 7 Year ☐ 10 YearPAYMENT MODE ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly Direct ☐ EFT* ☐ MC/VISA* *Complete the premium withdrawal authorizationInitial Premium + Multi Pay Premium = Total Premium Amount (with app) This Policy will fund a: ☐ Burial ☐ Cremation ☐ Other

\$ \$ \$

STATEMENT OF HEALTH (To be completed by Proposed Insured): Are you currently on oxygen, hospitalized, receiving hospice care, or confined to a nursing home or long term care facility; **or** during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed; **or** have you been treated or are you being treated (including medication) by a medical professional for any of the following diseases or disorders:☐ YES ☐ NOCongestive Heart Failure Immune System Disorder Chronic Obstructive Pulmonary (lung) Disease Amputation (caused by disease)
Heart Disease Cirrhosis of the Liver Emphysema Alzheimer's/Dementia
Stroke Drug or Alcohol Dependency Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
Cancer (other than skin) Kidney failure (including dialysis) Diabetic Coma/Insulin Shock

If the health question is not answered or answered "Yes" and you are applying for a Multi Pay Plan, a Limited Benefit policy will be issued. The full death benefit is paid for accidental death.

DIRECTION FOR PAYMENT OF PROCEEDS (DO NOT COMPLETE UNTIL YOU HAVE READ THE LAST PAGE OF THIS FORM FOR IMPORTANT INFORMATION)

Name of Funeral Provider Street Address City State Zip

Name of Primary Beneficiary Street Address City State Zip Relationship to Insured

APPLICANT SIGNATURESTo the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I authorize NGL to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life. **I acknowledge that I have read the fraud warning statement on the last page of this form.****IRREVOCABLE ASSIGNMENT: I elect to assign this Policy subject to the terms of the Irrevocable Assignment of Policy on the last page of this form.** Owner Initials (Initial only if the Policy should be irrevocably assigned.)

Signed At State

Signature of Proposed Insured/Annuitant Date Signature of Owner (Required if other than Insured) Date

AGENT'S STATEMENT I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.

Agent Signature Agent Name Printed NGL Agent #

DIRECTION FOR PAYMENT OF PROCEEDS: By naming a Funeral Provider under the **DIRECTION FOR PAYMENT OF PROCEEDS**, you agree to the following: NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named, if any, on the front of this form. NGL will only pay the Funeral Provider upon receipt of proof that funeral merchandise and services have been provided. **You may change these directions at any time before the funeral is provided by giving written notice to NGL.** In the event that NGL rescinds or declines to issue the Policy, you also assign the following to the Funeral Provider: (1) The right to receive the premium paid upon receipt of proof that funeral merchandise and services have been provided; (2) The right to compromise claims; and (3) The right to agree to rescission.

IRREVOCABLE ASSIGNMENT OF POLICY: If initialed, you agree to the following: Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Funeral Provider named in the Direction for Payment of Proceeds all incidents of ownership of the Policy, the right to receive all or part of the death benefit payable under the Policy upon receipt of proof that the funeral merchandise and services have been provided, and, if the Insurer, for any reason either rescinds or declines to issue a Policy, all rights, including the following: (1) the right to receive the premium paid (upon receipt of proof that the funeral merchandise and services have been provided), (2) the right to compromise claims and (3) the right to agree to rescission.

The Owner acknowledges that by making the assignment irrevocable it cannot be canceled. This assignment does not affect the right of the Owner to cancel the Policy under the Right to Cancel provision. By making this assignment irrevocable, the Owner also acknowledges the following: (1) The assignment of death benefit proceeds is permanent and cannot be changed by the Owner; (2) The Owner has waived all rights under the Policy to surrender for cash, to obtain a loan, to change the Owner or beneficiary, or to receive a refund for any premium paid; and (3) The Owner remains responsible for the payment of all insurance premiums when due.

It is understood and agreed that this irrevocable assignment in no way inhibits the Owner or the next of kin of the Insured from hereafter selecting another Funeral Provider to perform funeral services and provide funeral merchandise in connection with the funeral of the Insured. The Insurer is not a party to this assignment and the sole responsibility of the Insurer is to pay the death benefit proceeds pursuant to the terms of the Policy as amended by this assignment.

ACKNOWLEDGMENT OF PAYMENT: This acknowledges payment from _____ in the amount of \$ _____ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

ELECTRONIC CHECK DISCLOSURE: When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. In the event that the payment is not honored, NGL has the right to re-present the transaction. For inquiries please call 1-800-988-0826.

FRAUD WARNING STATEMENTS

For Residents of AK, AL, DE, HI, ID, MO, MS, NV, SC and WY: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

For Residents of AR, DC, LA and RI: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of KS and NE: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

For Residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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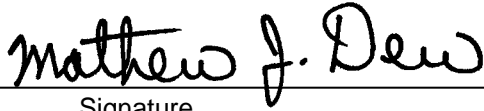
Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR - COR 3100PN.pdf		
Bypassed - Item: Application Bypass Reason: This is an application filing. Comments:	Item Status:	Status Date:

CERTIFICATION OF READABILITY

I, Mathew J. Dew, an officer of National Guardian Life Insurance Company,
certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
3100PN 06/11	51.8



Signature

June 24, 2011

Date

Mathew J. Dew

Vice-President & General Counsel